



**PATENT**

**Attorney Docket: 7640-X03-013**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Appln. of: Diskin ELON

Group Art Unit: 2836

Appln. No.: 10/725,964

Examiner:

Filed: December 1, 2003

For: ELECTROSTATIC DISCHARGE SYSTEM

**APPLICATION DATA SHEET**

**APPLICATION INFORMATION**

<b>Application number::</b>	<b>10/725,964</b>
<b>Filing Date::</b>	<b>December 1, 2003</b>
<b>Application type::</b>	<b>REGULAR</b>
<b>Subject Matter::</b>	<b>UTILITY</b>
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	<b>2836</b>
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD disks::</b>	
<b>Number of copies of CDs::</b>	
<b>Sequence submission?::</b>	
<b>Computer Readable Form (CRF)?::</b>	
<b>Number of copies of CRF::</b>	
<b>Title line one::</b>	<b>ELECTROSTATIC DISCHARGE SYSTEM</b>
<b>Title line two::</b>	
<b>Title line three::</b>	
<b>Title line four::</b>	
<b>Attorney Docket Number::</b>	<b>7640-X03-013</b>
<b>Request for Early Publication?::</b>	
<b>Request for Non-Publication?::</b>	
<b>Suggested Drawing Figure::</b>	

**Total Drawing Sheets::** 8  
**Small Entity?::** YES

**Latin name::**

**Variety denomination name::**

**Petition included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::**

**APPLICANT INFORMATION**

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship::** ISRAELI  
**Country::** ISRAEL  
**Status::** FULL CAPACITY

**Given Name::** DISKIN

**Middle Name::**

**Family name::** ELON

**Name Suffix::**

**City of Residence::** Jerusalem

**State or Province**

**Of Residence::**

**Country of Residence::** ISRAEL

**Street of mailing address::** 8 Rabbi Akiva Street

**City of mailing address::** Jerusalem

**State or Province of**

**Mailing address::**

**Country of mailing**

**address::** ISRAEL

**Postal or Zip Code**

**of mailing address::** 94582

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## **CORRESPONDENCE INFORMATION**

### **Correspondence Customer**

**Number::** 27317  
**Name::** MARTIN FLEIT  
**Street of mailing address::** 601 BRICKELL KEY DRIVE, SUITE 404  
**City of mailing address::** MIAMI  
**State or Province of mailing address::** FLORIDA  
**Country of mailing address::** USA  
**Postal or Zip Code of mailing address::** 33131  
**Phone number::** 305-416-4490  
**Fax Number::** 305-416-4489  
**E-Mail address::** MFLEIT@FOCUSONIP.COM

## **REPRESENTATIVE INFORMATION**

**Representative customer number::** 27317

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
<b>Primary</b>	<b>16,900</b>	<b>Martin Fleit</b>
<b>Associate</b>	<b>30,648</b>	<b>Robert C. Kain</b>
<b>Associate</b>	<b>37,333</b>	<b>Jon A. Gibbons</b>
<b>Associate</b>	<b>35,171</b>	<b>Jose Gutman</b>
<b>Associate</b>	<b>40,917</b>	<b>Stephen C. Bongini</b>
<b>Associate</b>	<b>43,500</b>	<b>Paul D. Bianco</b>

## **DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>Continuation of</b>		

#### **FOREIGN PRIORITY INFORMATION**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
<b>ISRAEL</b>	<b>156712</b>	<b>JUNE 30, 2003</b>	<b>YES</b>

#### **ASSIGNMENT INFORMATION**

**Assignee name::**

**Street of mailing**

**Address::**

**City of mailing address::**

**State or Province of**

**Mailing address::**

**Country of mailing**

**address::**

**Postal or Zip Code**

**Of mailing address::**